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SUGGESTIONS ON THE TREATMENT OF DYSENTERY.

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[Communicated for the Boston Medical and Surgical Journal.]

No specific treatment can be laid down, which shall be applicable to all cases of dysentery, because under that name is included a great variety of cases, differing according to individual circumstances and to the epidemic constitution. Dysentery is practically very different in the mild sporadic form in which we usually meet with it in New-England, from what it is when epidemic here. Again, it differs very much in form in temperate latitudes, and within the tropics. In the tropics, it is often a concomitant of hepatic disease, its cause or its effect; and there, and in malarial regions, we find it complicating periodic fever. It is no farther a different disease in these several regions, than all acute diseases are different, and partake more or less of the nature of the respective endemic tendencies of the various zones and different geographical regions. This connection, however, with other diseases, will of course very much modify the treatment. And hence that treatment which is effectual in one region may be entirely inapplicable to another. The geographical and meteorological conditions of the whole of New England are sufficiently similar, to render any observations which may be made on the subject of treatment appropriate everywhere within these limits; and it will only be necessary to consider the disease in the varying degrees of severity in which we meet with it here from year to year, unattended with the complications to which it is liable elsewhere.

There are many years when dysentery occurs in only a few mild cases among us, and yields completely to a cathartic dose of castor oil or other mild purgative. It is not always so, however. Small tracts of country, including several contiguous towns, now on the seaboard, now in the interior, are visited with it in an epidemic form of a much more serious character, so as to make it a prominent item in the bills of mortality. Probably the treatment most generally adopted by practitioners at the present time is chiefly by mer-

cury and opium, with a more or less frequent use of cathartics. Some physicians give a cathartic at the commencement, and then put the patient upon the steady use of calomel and opium, with a view to the establishment of the specific action of the mercurial. Others confine themselves entirely to opium. I believe the treatment formerly most usual at the Massachusetts General Hospital was with opium alone, or in combination with the acetate of lead. This was in 1843. I recollect very well the horror expressed by an estimable physician, now dead, who then attended the Hospital, at the idea of applying cathartic medicines (irritants) to a mucous membrane in so serious a state of inflammation as is that of the colon in dysentery.

Sydenham, who saw the disease when it prevailed with fearful severity, carrying off from one thousand to four thousand persons in London annually, looked upon it as of a specific nature, not a simple inflammation. "A fever, turned inwardly upon the bowels. By means of this fever, the hot and acrid humors contained in the mass of the blood, and irritating it accordingly, are deposited in the aforesaid parts through the meseraic arteries."—(Sydenham.) That it is a specific fever, and not merely a local inflammation, in many cases at least, we have convincing proof in every epidemic of the disease. We find persons suddenly attacked with inflammation of a great part of the large intestine (indicated by the extent of tenderness), and with constitutional symptoms of severity corresponding to the extent of the inflammation. And we also see cases of persons struck down from ordinary health with the most violent symptoms, and with prostration quite out of proportion to a simple phlegmasia. Like scarlatina and periodic fever, it takes sometimes the general character of "congestive fever" in malarious regions—well described by Bartlett—and resembling so much, in some instances, the ordinary fatal cases of Asiatic cholera. Such a case was admitted to the Mass. General Hospital (in 1842, I think). A young man suddenly attacked with dysentery, was collapsed from the first, or within a few hours of the first symptoms, and continued to exhibit all the algid symptoms which we see in the extreme depression of the circulation in cholera, and died within forty-eight hours of the attack, exhibiting after death reddening, thickening and minute superficial ulceration of the whole of the large intestine, from ileo-cæcal valve to anus. And Grisolle, in his *Pathologie Interne*, says: "dysentery is certainly an inflammation; but if we reflect on the nature of the symptoms, on the causes which produce it and the possibility of its contagion, we must class it, with some authors, among specific phlegmasiæ." Whether or not we agree with those who believe in the possibility of its being communicated by contagion, we cannot overlook the other evidences of its being a general rather than a local disease. One of these evidences is the total failure of local treatment in many cases.

Our absolute knowledge of dysentery is reduced to this: that it is characterized by inflammation of the large intestine, beginning

in the mucous membrane, and usually at the lower extremity of it, and including more or less of its whole extent, sometimes limited to the portion first attacked, in other cases spreading gradually upward. That it is attended with local and constitutional symptoms, of severity usually commensurate with the extent of the inflammation, but also much influenced by the prevailing character of the epidemic, or what Sydenham calls the "epidemic constitution of the year." That in cases of considerable severity it has a certain regularity of duration (as much so as pneumonia), which is not abridged by treatment; but that, in mild cases, judicious treatment, applied at the outset, is effectual in cutting short the disease, where without medical aid it would have continued for a longer period, and grown more serious.

What the whole difference is between the mild and the severe cases it is presumptuous to undertake to say. Whether there is a specific character to the more severe which is wanting in the mild, or in what the difference consists, cannot be usefully discussed in the present state of our knowledge. In smallpox, the type of contagious diseases (I am not speaking of dysentery as contagious), we find the poison communicated as readily by a sporadic case as during the height of an epidemic. Dysentery resembles specific fevers in being much influenced by the epidemic condition. It differs from them, inasmuch as it is often cured by treatment directed to the local lesion. Thus, in typhoid fever, one of the best understood of all specific fevers, no treatment directed to the most prominent of the structural lesions, the ulceration of Peyer's patches, has any effect upon the course of the disease; while in dysentery it is far otherwise. Sydenham's treatment was as follows. "As soon as I was sent for, I bled from the arm, and ordered a pargoric for that night, and my usual lenitive cathartic for the next day."—(Sydenham.) This consisted of tamarinds, senna, manna and rhubarb. The cathartic was followed, after its operation, by an anodyne. Then, he says, "I order the cathartic to be taken every other day, twice more; the anodyne being given after it. And this anodyne I use on the days when there is no purging. It generally consists of the liquid laudanum, in doses of sixteen or eighteen drops." If recovery did not place after the three purges, Sydenham continued to use laudanum two or three times daily in large doses. He states also, that dysentery was successfully treated in the same manner at that time by an English physician in the Empire of Morocco. During other epidemics, Sydenham treated the disease by venesection, followed by the free use of bland liquids, and enemata of the same, without opium. He says, however, that the same treatment which succeeded one year, might fail in another—which will be confirmed by universal experience.

In the next century, we find the opinion of the nature of the disease to have changed. Cullen, attributing dysentery to constriction of the colon and retention of fæces, avoided entirely the use of opium, and depended upon emetics and cathartics, with the

expectation of producing discharges of scybalous masses, which were then considered the chief cause of the griping, frequent stools and tenesmus. He, like Sydenham, enjoined absolute rest and a mild diet of whey and cream. Bloodletting he employed when the state of the circulation required it.

In the present century, the idea of constriction of the colon and the retention of feces being the causes of the symptoms, is not held, as far as I know, by any intelligent physician. Pathological anatomy has revealed to us the existence of inflammation as the primary, continued and uniform condition in dysentery; and scybala are only found in the colon in occasional cases. That which Cullen supposed to be a spasmodic constriction is merely the muscular paralysis which we usually find in the neighborhood of an inflamed part.

At the present time, venesection is rarely used in the treatment of dysentery in New England. As in other acute diseases, it has fallen into disuse, from the unfavorable results that have followed its employment. All physicians whose practice extends over a period of forty years, are aware of a very great change in the use of bloodletting within that time. It is one of the great modifications in medical treatment which ought to indicate to the world that the medical profession is fully alive to the study of therapeutics, and that we are not wedded to a routine irrespectively of the changes that are constantly taking place in the general constitution of diseases. When bloodletting was more freely employed, no one who reads the works of physicians in the two centuries previous to this, can have any doubt that it was much more decidedly needed, as it was better borne, than it is now. This diminution in the sthenic character of acute diseases has been attributed to the influence of the epidemic cholera; for the change has taken place since its first invasion of Europe and America. But to whatever cause it is due, the fact is the same, that reducing remedies are not so well tolerated as formerly—a truth which physicians have discovered by their careful yearly and daily observation, and not through the spread of that specious system of quackery that has so often claimed to have opened the eyes of the medical profession to the light. Sydenham was fully alive to the varying conditions of diseases, and adapted his treatment to the character presented by the epidemic and the case under his observation. And Cullen says, "the means must be various."—"At the beginning of the disease, when the fever is any way considerable, bloodletting, in patients of tolerable vigor, may be proper and necessary; and, when the pulse is full and hard, with other symptoms of an inflammatory disposition, bloodletting ought to be repeated. But, as the fever attending dysentery is often of a putrid kind, or does, in the course of the disease, become soon of that nature, bloodletting must be employed with great caution." There are still, perhaps, cases in which venesection may be employed with advantage, but they are rare.

Mercury has been introduced as a remedy in dysentery during

the present century, and often employed with very satisfactory results. Hufeland, Grisolle, Symonds and Watson advise the use of mercury and opium, particularly if the disease does not yield to the bloodletting which the older of these writers, especially Hufeland, recommend as the first step in the treatment. It is noticeable that the latest of these English writers, Watson, and still later, Barlow, advise local bleeding by leeches to the abdomen rather than venesection—which accords with the necessities of the mild form of dysentery at the present day in England. The dysentery of New England is usually as far from being of a character to require active antiphlogistic treatment. In regard to the use of mercury, it must be said, that in many epidemics it has been eminently successful, and yet there are many physicians who have been very fortunate in the results of their treatment, who rarely employ it. It is certainly a remedy that we should dispense with when we can. As far as my own experience goes, I believe that the majority of the cases that come under our care can be treated as well without it. Some of those writers who recommend its employment, do so only in case the venesection and a laxative, or the use of opiates for several days, do not put a stop to the disease. Marshall Hall, and Bigelow and Holmes, do not advise its use at all, but prescribe leeches, opiates and opiate enemata. And Marshall Hall says, "all violent remedies do harm."

Bloodletting, mercury and opium, as *exclusive* remedies for sthenic dysentery, no longer hold the favorable place in professional estimation which they once had. There are many judicious men who have held on to the old plan of purgatives, if not exclusively, and with the intention which led Cullen and his contemporaries to use them, at least in alternation with opiates, and in moderate doses and of mild character. And this mode of treatment, for cases which do not present any indication for venesection, I have for several years believed to be far the most serviceable. Nearly all cases of dysentery, when seen at the commencement, require a mild cathartic. A dose of castor oil given then, is sometimes sufficient to arrest all the symptoms. in conjunction, of course, with absolute rest in the horizontal position, warm clothing and a bland liquid diet. If further treatment be required, Sydenham's plan of an alternation of cathartics and opiates for several days, answers a very good purpose.

There are many cases of dysentery, which, if seen at the outset, yield to a course still more simple and satisfactory even than this. I am accustomed to administer to a patient who is having tenesmus, pain and muco-sanguinolent dejections with fever, drachm-doses of the sulphate of magnesia, every six or eight hours till the symptoms abate. And this, in very many cases seen within twenty-four hours of the attack, they do, without opiate or other remedy of any kind. Cases that begin with great severity, and with violent constitutional symptoms, do not, I believe, yield to this treatment, or to any other, but keep on their course, more or less relieved, but not

arrested by any treatment, until the natural termination of the disease. The use of small and repeated doses of saline cathartics has been so very successful in many cases, that I will copy from my note-book one of them in illustration.

CASE.—E. D. W., æt. 16. August 8th. He is usually well. After several days of moderate diarrhœa, during which he made no change in his diet, he went to bed about 6, P. M., complaining of pain in abdomen, and soon began to vomit and purge. At 10, P. M., when I saw him, was still vomiting water and mucus, with much abdominal pain, and cramps in thighs. Took a little rhubarb and soda a few minutes ago. The last two dejections were slightly reddish, but watery.

Drinks were forbidden, a sinapism applied to epigastrium—and no vomiting nor purging having occurred in an hour and a half, I left him, with morphinæ sulphatis gr. $\frac{1}{4}$.

August 9th.—Had five dejections of bloody mucus in water in the night, with pain, but no tenesmus. No vomiting. Very restless all night, and continues so. Skin temperate. Pulse 110, not unusually strong. Abdomen tender around umbilicus, over sigmoid flexure and in epigastrium. No headache. Tongue slightly coated. Thirsty. Was directed starch diet, and magnesiæ sulphatis 3 i. every four hours; hot fomentations to abdomen.

In the next twenty-four hours, there were fourteen dejections, watery, with blood and mucus. Urine free. The next day, salts three times; two dejections, about an ounce each, liquid, brownish, without blood or mucus. The next day, one dejection, same character; took no salts. Began to have an appetite. Then for two days had no evacuation from the bowels. Had still (August 14th) some tenderness on pressure around umbilicus. Sleep good. Walked from bed to sofa, without pain. Took bread. Directed magnesiæ sulphatis 3 iiss., which was followed by two fecal discharges. The tenderness was gone, and he felt very well. On the 17th of August, I discontinued my visits. After the opiate on my first visit, he had no medicine except the sulphate of magnesia. He had hot fomentations upon his abdomen whenever there was pain. The discharges began to diminish in frequency within twenty-four hours. In thirty-six hours, the blood and mucus had entirely disappeared from them; the pain rapidly decreased; and finally, in four days, the discharges ceased. This happy result occurred entirely without the use of opium.

This case, which is sufficient for illustration, is a fair specimen, in respect to the effect of treatment, of most of the cases of mild dysentery that I have seen for several years. I commonly use the saline dose less frequently than in this case, and with even better result. I had forgotten who suggested this mode of treatment, until to-day, looking over Heberden's Commentaries, I found it there. Believing that it has been forgotten by most of my medical brethren, and that a great many moderate cases of dysentery would terminate much earlier and more pleasantly, with less pain and less de-

bility, under this management, than if treated with calomel and opium or opium alone, I am very desirous of presenting it to general notice.

It is too rarely in our power to point out the relation between pathology and therapeutics. But when we are able to do so, we feel that we have made one step forward in medical science. There is a suggestion of Golding Bird's on the *modus operandi* of saline medicines on the intestinal mucous membrane, which, if correct, is strongly confirmative of the advantage of their use in early stages of dysentery, and accounts satisfactorily for their excellent effect. He supposes them to produce a free discharge from the vessels of the intestine by exosmosis, by means of the higher specific gravity of the saline solution than that of the blood. If we wish to have a saline medicine act as a diuretic, it is necessary that it should be so much diluted as to be of lower specific gravity than the blood, and then it is readily absorbed (by endosmosis) into the capillary vessels of the stomach, and eliminated by the kidneys. If the solution is so strong as to be of considerably higher specific gravity than the blood, it is not so readily absorbed, but passes onward through the alimentary canal, producing a considerable discharge of serum, by exosmosis from the mucous membrane over which it passes. And we can readily understand how in the beginning of dysentery, when the mucous membrane is simply turgid with congestion, a very free serous discharge may be in this way produced, to the great relief of the intestine. It is probable that other cathartic medicines, such as castor oil (which does not act in the same manner, on account of its insolubility in the liquor sanguinis), produce their relief by emptying, more or less fully, the congested capillaries by stimulation. I am not able to say, by actual experiment, that repeated doses of castor oil would not have as good an effect as of a saline medicine; but if Dr. Bird's theory be correct, they would not. Although the sulphate of magnesia is very much more effectual when administered in the manner described, at the commencement of the disease, it often proves very good treatment at a later stage, and should be used exclusively, unless after three or four doses there is no improvement. Perhaps the best course at that time, the salts failing, is the combination of mercury with opium.

In the case of infants with dysentery, or with diarrhœa which does not yield to castor oil followed by astringents, the use of calomel can hardly be dispensed with. I am accustomed to use it in minute doses, from an eighth to a sixth of a grain, combined with opium, for children under two years of age, repeated three or four times a day, with the happiest effects. In diarrhœa particularly, which without being very severe, is obstinate, and has continued from day to day in spite of chalk mixture and catechu, twenty-four hours under the use of calomel presents a marked change in the character and frequency of the evacuations.

Dysentery cannot be successfully treated without great regard to various other considerations besides the administration of medicines.

The diet must be of an entirely unirritating character, that which will be easy of digestion and leave very little excrementitious matter. Amylaceous products are therefore best suited to answer these indications, and the particular article among them may be left to the choice of the patient. Everything taken must be liquid. If there is any tendency to prostration, animal juices and broths must be employed, even from the beginning. And in the case of infants, it will not be safe in any case to keep them long upon an exclusive starch diet. If prostration is very great, stimulants must also be used, however severe the local symptoms may be. Brandy, ammonia and beef juice may be required from the very outset, and are not incompatible with any medicinal treatment it may be necessary to adopt. Absolute confinement to the horizontal posture has a very decided effect upon the comfort of the patient, and the severity of the disease. The use of the bedpan, instead of the exertion of getting up and keeping an upright position during the evacuation of the bowels, will generally lessen the number of discharges at least one half, and diminish the most distressing of the symptoms, the tenesmus. Hot fomentations upon the abdomen are often agreeable and useful. Enemata of starch and laudanum (a few drops in not more than an ounce of starch), emollient applications to the anus, or cold water applied there from time to time, are grateful, and sometimes diminish the number of dejections. A strict attention to preserving the warmth of the surface by proper clothing will diminish the liability to dysentery, and is sometimes sufficient of itself to check a commencing diarrhœa, without the use of any medicine; just as a warm bath produces the same excellent effect upon an infant. Hufeland takes the pains to speak of a uniform warm clothing as the most sure preventive of dysentery. I believe I shall not be thought to have extended this article to an unwarrantable length with matters of too trivial a nature, for every sound physician will agree with me that these small things are too lightly touched by many teachers of medicine, and too little practised.

EXFOLIATION OF THE COCCYX.

[Communicated for the Boston Medical and Surgical Journal.]

J. F., æt. 18, a farmer by occupation, had been suffering for about 18 months from a discharge of pus in the perinæum. The first indication of disease in that region was an ordinary furunculus which never healed.

Upon examination, there appeared to be two or three sinuses close together, from which the discharge took place. These were situated about two and a half inches anterior to the anus, and to the left of the raphe. Introducing a probe, the fistula was found to extend as far as the margin of the anus, and appeared to be just under the subcutaneous cellular tissue, which from infiltration had become thickened and dense. The operation consisted in the ordinary method

of laying open the sinus its whole extent, and introducing lint to promote granulations from the bottom.

A day or two after the operation, while cleansing the wound, a substance was discovered at its bottom, appearing like some foreign body. Extracting it by means of the forceps, it presented every appearance of the terminal bone of the coccyx. From this time the wound continued to heal kindly, and a perfect cure was soon established.

How came this bone detached from its normal connections and so far from its original locality? Several years before, the patient had typhoid fever, which was of a low grade. Eschars formed upon the sacrum, and other parts of the body, and life was preserved only by the most unremitting diligence.

It is quite probable that at this time the activity of the absorbents disconnected this bone from its nutritive dependencies, and made it, to all intents and purposes, a foreign body; and having remained until some irritation or external violence caused it to act upon the adjacent tissues, it became the cause of the fistula.

Williamsville, N. Y., May 15th, 1856.

D. W. HERSHEY.

A CASE OF HYDROPHOBIA, WITH REMARKS.

BY E. R. STONER, M.D., OF PERRY, ILL.

This case occurred on the 24th of May last. The subject was a young man by the name of Smith, a blacksmith by trade, aged 22 years. He was bitten four years before, as well as he recollects, by a rabid dog, known to be rabid from the fact that a horse was bitten at the same time and went mad in about ten days. The wound was a slight one, merely passing through the skin, consequently but little anxiety was felt about it at the time. It healed kindly, but in two weeks it began to itch and become slightly swollen and red, accompanied by a tingling sensation, with some general nervous derangement, which, however, soon passed off. In exactly one year from that date, the same or similar symptoms returned, and ever since they have assumed an annual periodic character. During all his attacks up to the last, his general health was good, and his employment was such as not to produce any serious nervous prostration.

On the 23d, in company with a few others, he went on a fishing excursion, notwithstanding a feeling of slight indisposition. The company, including himself, lay out all night beside a still stream, on the damp and chilling ground. In the morning they moved to another place, where the water was running with a swift and noisy current. In a short time he became very uneasy and almost helpless, insisting on being removed from the water; but before this was done he had several slight convulsions, which continued at longer intervals during his journey home, where he arrived at 2 o'clock, P. M. I visited him at 3 o'clock, and found him in the

most intense nervous excitement. Pulse 105 to the minute, having a gaseous fulness; tongue slightly furred, red around the edges, and very dry. He had an incessant craving for water, but seldom drank, as it was attended with much difficulty in swallowing; complained of severe pain through the temples; eyes red, and the whole countenance wearing a wild expression. My first impression was a bilious attack, complicated with much nervous derangement, produced by the previous exposure, until my attention was directed to the tingling sensation on the hip, where he "was bitten," as he observed. On examining the hip, I found the cicatrix red and swollen, when, on inquiry, I learned the above history of the case, which clearly established, in my mind, the nature of the disease.

About ten minutes after my arrival he had a spasm, which was very slight in the extremities, but more severe about the stomach, chest and throat. These returned every twenty to thirty minutes. Drinking did not excite them, but the pouring or rattling of water readily produced them at any time. I ordered ten grains calomel and six grains ext. cicuta, hoping, from the length of time he had been bitten, the periodical tendency of the disease, his exposure and fatigue, to quiet the nervous system by the sedative action of the cicuta, aided by rest and the cathartic effect of the mercury, which I directed every hour until three portions were taken, and then to be followed by a large portion of castor oil.

In two hours I returned, accompanied by my friend, Dr. Higbee. We found our hopes realized. His spasms were less frequent and milder; his tongue more moist; pulse 92; and his expression of countenance more quiet. We repeated the test, and could produce the spasms, but not so easily as before.

At 10 o'clock, his bowels were moved, and the spasms ceased soon afterwards, but much prostration followed for some days. He is again at work.

There are a few points in this very imperfectly understood disease, which this case clearly establishes; and as there are so few opportunities for the profession to arrive at any definite result in relation to the character of the malady, I think it every physician's duty to make known everything which comes under his observation. First, That it may assume a periodic character. Secondly, That the virus, or cause, whatever it may be, may remain dormant in the system until the return of the next period, undiminished in power, and greatly increased by the aid of other exciting causes acting on the general system. Thirdly, That in a state of vigorous health, a small amount of poison is not capable of producing hydrophobia at the time the bite is inflicted; and fourthly, That swallowing water, or the sight of it, has less influence in producing the characteristic spasms than the sound of it.—*St. Louis Medical and Surgical Journal*.

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Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 12th.—*Chronic Ostitis.* Dr. C. B. FIFIELD, of Weymouth, presented the tibia and lower half of the femur from a limb that he had amputated, and read a detailed history of the case, of which the following is a brief summary:

A hard-working man, aged 32, came under his care last December. Twenty years previously he was attacked with fever after bathing, and was left with two sores on his left leg, one of which, near the ankle, had ever since remained open. Last August several other sores appeared, discharging pus, and occasionally bone; the knee also being very painful. When seen in December, the leg was much bent and immovable; enormously enlarged, and having several openings discharging pus. The whole knee was converted into a vast abscess, very tender, and from which, as the patient said, he could discharge the pus through one of the openings below the joint. The thigh also was much swollen and œdematous. General health very much reduced. The thigh was amputated by Mr. Luke's method, and the wound subsequently dressed after the method of the same surgeon. Under appropriate constitutional treatment the patient did well, and was discharged on the 19th of February. The tibia is much enlarged, but not heavy, and the form of the shaft is rounded, as usual in such cases; the surface is rough, and there are some small carious excavations, with traces of dead bone in them. The upper articular surface is directed somewhat backwards, probably from the position in which the limb had been for some time before amputation; the greater part of this surface, also, as well as that of the femur, is generally more or less rough; the femur being otherwise healthy.

MAY 26th.—*Unusual Cardiac Lesion.* Dr. MORLAND read the following account, which was furnished by Dr. G. L. COLLINS, of Providence, R. I., who also sent the accompanying specimen to the Society. A brief report of the case was made in the *Boston Medical and Surgical Journal* of April 10th, 1856, under the head of *Extracts from the Records of the Providence Medical Association*; but, from the unusual character of the lesion discovered *post-mortem*, and the youth of the subject, a detailed description was thought desirable.

The patient was an Irish boy, about 17 years of age, an inmate of the Reform School in Providence. Dr. Collins took charge of him about the middle of October last; his previous history was unsatisfactory. Since he had been in the School (several months), he had always been able to do his share of labor until just before Dr. C. was called to him. It could not be ascertained that he had ever had any severe disease. The first symptoms remarked by Dr. C. were chills and fever; dyspœa; pain in the right side nearly over the liver; troublesome cough, with scanty expectoration. On percussion, there was marked dulness about the base of the right lung. The pulse was feeble, small and unequal—from 88 to 100 in the minute. Œdema of the legs, and a peculiar puffiness about the face and neck, were remarked. A very unusual, mottled appearance of the entire cutaneous surface was observed; most pronounced upon the legs. The *sounds of the heart* were feeble and indistinct; no abnormal sound could ever be detected. The œdema became, finally, more general, and effusion took place into the

large cavities; the patient died very suddenly, and rather unexpectedly, about the end of December.

Quite a number of diuretics were tried, and occasional diminution of the effusion followed their use. At his death, the œdema and ascites had both somewhat diminished.

Autopsy.—Extreme venous congestion of all the internal organs. From five to six quarts of water in the *abdominal cavity*; from three to four pints were also found in the *right pleural cavity*, one pint in the *left*, and nearly one pint in the *pericardium*. The *right auricle* of the heart was dilated to the capacity of some six ounces; the *right ventricle* was rather smaller than usual; the left cavities appeared to be normal. Upon the internal surface of the right ventricle, near the tricuspid valve, there was a bony plate, about one-eighth of an inch in thickness, one-fourth of an inch long, and five-eighths of an inch wide. The upper end of this plate extended upwards behind one of the segments of the valve, involving its base and also its *chorda tendineæ*, in such a manner as both to considerably constrict the auriculo-ventricular opening, and also to prevent its closure by the valves. The endo-cardial surface around the osseous plate had a cicatrized appearance. The right lung was found to be nearly useless from the effects of compression by the effused fluid. A few tubercles were seen in both lungs. The liver was enlarged and congested, and its surface was the seat of tuberculous deposit. During life, this organ was perceived, on palpation previous to the occurrence of the ascites, to extend beyond its usual limits. A large portion of the peritoneum was studded with tubercles; and, in many places, the intestines were adherent from previous inflammation.

Dr. J. B. S. JACKSON exhibited the specimen to the Society, and remarked as follows:—Upon the internal surface of the right ventricle was an irregular cretaceous deposit, measuring $1\frac{3}{4}$ inch in length, and varying in diameter from one to three eighths of an inch. It extended obliquely downwards into the ventricle from just below one of the segments of the tricuspid valve, and slightly involved one of the columnæ. Immediately around the deposit, the inner surface of the heart was opaque-white; and there was also a deficiency of the membranous portion of the valve, to nearly the extent of one-fourth of an inch, from some old disease.

MAY 26th.—*Phlebotomites*. These, three or four in number, were also sent to the Society by Dr. COLLINS, of Providence. They were taken from near the spleen of an elderly man, who died from cerebral disease a short time since, and were remarkable for their size, their concentric structure, and still more for their locality.

MAY 26th.—*Contraction of the Mitral Valve. Old Pulmonary Apoplexy*. The specimen, shown by Dr. ELLIS, was taken from a woman about 50 years of age, who had been troubled with dyspnoea for some time before her death. The action of the heart was irregular, but no souffle was heard. A short time before death, the lower extremities became œdematous. There was no hæmoptysis.

On dissection, twenty ounces of serum were found in the *left pleural cavity*. In various parts of the *lungs* were recent apoplectic effusions. Continuous with one of these, in the lower lobe of the right lung, and evidently a later stage of the same disease, was a firm, dull-red, granular portion, somewhat resembling pneumonia, in the second stage, but much firmer. A nodule, about two inches in diameter, in the upper lobe of the left lung, presented throughout the same appearance of age as that just described,

and the corresponding pleural surfaces were united by an old, firm band. In the neighborhood of both of these old effusions, blood-vessels were found, filled with coagula, which must have formed some time before death. A large portion of the lower lobe of the left lung was compressed. The *heart* was rather large. In the *left auricle* was quite an old, firm and partially decolorized coagulum, slightly adherent to the lining membrane. The mitral valve was thickened and much contracted, admitting only the fore-finger to the second joint. Upon its free edge were a number of reddish vegetations. The aortic valves were healthy. The *liver* was normal, and the *gall-bladder* filled with dark, tarry bile, in the midst of which were three round, brownish, granular calculi, about half an inch in diameter; a fourth calculus of the same character was impacted in the cystic duct, just outside of the gall-bladder.

The appearances of portions of the lungs were thought interesting, showing, as they did, the changes in apoplectic effusions, so rare that Dr. J. B. S. Jackson had never before met with them.

MAY 26th.—*Recurrent Fibro-plastic Tumor of the Eye.* DR. BETHUNE reported the case.

The patient, J. B. S., a blacksmith, aged 44, was first seen in May, 1847. Fifteen years before, he had had inflammation of both eyes, which had since been weak. Five years before, a growth had commenced from the inside of the left globe, which grew towards the pupil (*pteryx*). Two years before, it began to "throw the eye out," and had since continued to grow. At the same time the sight of the left eye began to fail, and the patient was, at the time he was seen, only able to distinguish light. He had had no pain in the eyes except after exposure. On examination of the right eye, a membrane was discovered overlapping the cornea at the inner angle. The left eye was pushed forwards and outwards, and a thick pteryx overlapped the cornea at the inner angle. Growing from the base, was a large elastic tumor which filled the angle, projecting more below than above. For two or three months he had twinging in the right eye, with increasing "blur." On the 12th of May, an operation for the removal of the pteryx from the right eye was performed, almost unattended by pain, the patient being under the influence of ether. On the 14th, an attempt was made, after separating the lids at both angles, to remove the tumor from the left eye; but this was found impossible, without removing the globe of the eye, which was accordingly done. The tumor was then, with much difficulty, extirpated, being found to extend deep into the orbit. On examination, it was found to be of the size of a walnut, and to consist of a soft, blueish-gray substance, made up of large granules, and having the appearance of colloid disease. He was discharged on the first of June, the eye having healed kindly, and there being no appearance of a return of the disease.

The patient was seen again on the 30th of October. There had been no pain of consequence since the operation. Pteryx was discovered again growing on the right eye; but the eye was stronger and clearer. He had been troubled with shortness of breath since the operation. On the 21st of December, 1848, the patient looked in fine health. There was no trouble in the left eye except a degree of weakness, and, in hot weather, in stooping, a sensation of pressure. The pteryx of the right eye partially returned, three months after the operation, but from that time remained stationary. The orbit of the left eye was filled with granulations. The fissure of the lids was two-thirds closed.

The patient was again seen on the 1st of May, 1856. The tumor had been gradually returning since the operation, and was at that time of the size of a turkey's egg, pushing the lids before it; it was irregular in shape, elastic, and attached to the orbital process.

This was removed at the Hospital on the 3d of May, and proved, on microscopic examination, which was made by Drs. Shaw and Ellis, to be of a fibro-plastic nature, there having been found an abundance of free oval nuclei, with small nucleoli, and many fusiform cells containing the same nuclei. It was the opinion of Dr. Shaw, that, although not presenting the true cancer cell, it was a growth which was liable to recur.

MAY 26th.—*Ovum Blighted and Retained.* Dr. MINOR exhibited the specimen, which had the appearance of being at about the sixth week, although from the symptoms it would appear to have been carried three months from the time of conception. The patient was a young married lady, of good constitution. She was confined with her first child at the beginning of November last, and has nursed her infant ever since. Four weeks after delivery, she menstruated, and continued to do so for three more periods. She then passed over two periods without the monthly flow, and began to have morning sickness. At about the next monthly period, she was suddenly attacked with flowing, while walking in the street. The discharge continued profuse for a fortnight, when its character changed; it became colorless and offensive, resembling the lochia. It then ceased, and at the same time the sickness also ceased. A vaginal examination gave no evidence of pregnancy, and it was concluded that the patient had aborted. This opinion was confirmed by the next appearance of the catamenia, at their regular time, about May 24th. This morning (26th), she nursed her child, as usual, and had just risen from her bed, when the ovum escaped from the vagina, without pain, and with very little hæmorrhage.

JUNE 9th.—*Vesication of the Epithelial Layer of Cornea.* *Absence of Sensibility to Irritation.* Dr. WILLIAMS reported a case recently under his care, where a patient, a young married woman, of strumous diathesis, had exhibited the phenomena of repeated elevation of a portion of the layer of conjunctiva covering the surface of the cornea. When first seen, the cornea was opaque to such an extent as to abolish vision, and prevent any inspection of the anterior chamber. The patient stated, that just before coming to the city for consultation she had pulled off from the eye what had seemed like a blister. The abraded aspect of the central portion of the cornea confirmed this statement. There was entire absence of sensibility of the cornea, and it could be touched with a probe, needle or finger without causing any pain. The epithelial layer seemed to be reproduced, and became, a second, and afterward a third, time, raised by effusion beneath it. The raised portion was removed with fine scissors, after it had become so far detached from the cornea that its separation was inevitable. Each time, the extent of affected surface was less than before, and, under the use of remedies adapted to improve the general health, together with mild local applications, the cornea recovered its natural firmness, and became gradually clearer, the patient recovering her vision.

Bibliographical Notices.

Headaches, their Causes and their Cure. By HENRY G. WRIGHT, M.D., M.R.C.S.L., L.S.A., Fellow Royal Med. Chir. Soc., &c. New York: S. S. and Wm. Wood. 1856. pp. 140.

AN old writer on the subject of headaches entitles his Treatise, "*De Doloribus Capitis, Scandalo Medicorum difficulter removendo*;" and truly a writer of the present day, if we may judge by the commonness of the complaint, would have little reason to flatter himself that the scandal has been removed. "I had a dreadful headache," is the burden of the regret of many a fair maiden who has disappointed the expectations of her friends by her absence on some festive occasion where she has been looked for as the "bright particular star" which was to be the crowning glory of the evening. "I've got a confounded headache," is still reckoned a pretty good excuse for any amount of negligence of present engagements. "Dear me, don't trouble me; I have such a headache," mars the domestic peace of many a household, while the children are neglected, and discord usurps the throne of matronly control. "*Exegi monumentum ære perennius*," might well be the motto of him who should offer a perfect treatise on this painful subject; and the duration of his monument should only be outlasted by his who should have the power of persuading sufferers to use the means recommended for their relief. For here lies the difficulty, at least in many cases, that the evil, although severe while it lasts, is short in duration; and recurring at irregular intervals, the patient omits to apply for professional advice; or conscious of the cause in some violated law of health, resolves at the time not to break it again, and so brings on himself once more the punishment, only when he again grows negligent. Copland gives a column and a half of Bibliography and Medical References on this subject, to which is to be added the title of the little work which stands at the head of our article. The subject, therefore, has not been overlooked; yet few will question the need of such a book, or its value, if it is a good one.

Dr. Wright seems to have taken special pains in the preparation of the Treatise before us. He has divided his book into two principal parts: the First, on the varieties and symptoms of headache; the Second, on their causes and treatment. A Synopsis of the work shows the following arrangement of the subject:—I. Headaches in childhood and youth.—II. Headaches in adult life: including, 1st, Those dependent on the circulatory system; 2d, Those dependent on the digestive organs; 3d, Those dependent on the nervous system—each of these classes being still further subdivided; 4th, Rheumatic headaches; 5th, Headaches dependent on organic disease.—III. Headaches in old age.

The paragraphs of the work are numbered, and there are also numerous marginal numbers which refer to other paragraphs containing matters connected with the subject under consideration; and the whole concludes with a table of formulæ, fifty in number.

Our impression of this little book is a favorable one. It is written in a simple style, and is evidently intended for the eyes of unprofessional as well as professional readers. Considering the nature of the subject, we do not regard this an objection, although in general we have a most conservative horror of that "little knowledge" which, at times, makes patients so trying to their medical advisers. The complaint in question is so common and so often neglected, that we are willing to forego our *esprit du corps*, in

order that those who suffer from it may find benefit. In the third paragraph, the author speaks very sensibly as follows :

"I am well convinced that it is unwise ever to neglect a headache. It is always a source of annoyance and discomfort to the sufferer, yet very few, even of those most subject to headaches, ever think of seeking medical aid. And there are none who need it more, for the pain which they feel not only misleads them as to its true cause, but incapacitates them from judging correctly as to the best means of treatment, in cases where a simple remedy, judiciously taken, would effectually afford relief. Moreover, a headache is often beneficially bestowed as a warning sign (and sometimes the only one the patient notices) of a disease that becomes the more difficult to cure in proportion as the first symptoms are neglected, and which can be removed only by the aid of weapons that none but skilled hands should employ."

Headache is one of the attendants of luxury, and a large part of the book we are noticing is addressed to those who "fare sumptuously every day." Each passing day increases the number of such in our community, and there are even now many to whom its cautions and advice may be of value. Written, as it evidently is, for an English community, it requires very little sagacity to adapt it to the habits and wants of our own.

The formulæ at the end of the book seem to be well devised, and the author has taken pains, as far as possible, to commend his medicines to the taste of the patient. We commend the whole work as a well-timed, sensible and useful one. It is presented by the American publishers in a very neat and creditable form.

A.

A Practical Treatise on the Diseases of the Testis, and of the Spermatie Cord and Scrotum. With numerous Wood Engravings. By. T. B. Curling, F.R.S., Surgeon to the London Hospital, Lecturer on Surgery at the London Hospital Medical College, President of the Hunterian Society, London, &c. Second American, from the Second Revised and Enlarged English Edition. Philadelphia: Blanchard & Lea. 1856. Pp. 419.

In the Preface to the last English edition of this work, the author reminds us that it is twelve years since the publication of the first edition, and that, having availed himself of increased opportunities for studying the important subjects of his treatise, he has added much new matter and has revised or wholly re-written many of the original chapters. In this edition, however, he had omitted the introductory or anatomical portion of the work as it first appeared. The American re-print, as we learn from the publishers' Preface, retains this valuable portion, and, "by a different typographical arrangement," the size of the book is not increased. Dr. W. H. Goebrecht, who has revised the sheets as they passed through the press, has introduced a number of engravings and added an interesting case. Certain notes by the former editor, Dr. P. B. Goddard, have been retained. The work is so well known, and has received such thorough notice, that we need do no more than cordially recommend this new and improved edition, which is issued in a most creditable style, and deserves a sale commensurate with its excellence. The engravings are exceedingly well executed, and illustrate the correctly printed text in a very satisfactory manner. None who wish a complete treatise upon this important class of affections, will be long without this volume after an examination of its merits. For sale by Ticknor & Fields.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL

 BOSTON, JULY 31, 1856.

THE PATHOLOGY AND CAUSE OF SUN-STROKE.

THE question is often asked, What is "sun-stroke?" and where any definite answer is given, we are usually told that the disease or accident in question is apoplexy or extensive congestion of the brain, caused by the direct action of the sun's rays upon the head, during the excessively hot weather in summer. In accordance with this view of the pathology of the malady, the treatment frequently recommended, and till of late frequently adopted, consists principally of venesection, to relieve the overloaded vessels, followed by the application of cold to the head. It is remarkable that an affection which proves fatal to numbers during the hot season, should have so little attracted the attention of pathologists, that its name is hardly to be found in any treatise on the practice of medicine or surgery. Notwithstanding this omission, however, the attention of medical men is frequently called to the disease, as it occurs especially in our large cities, and we believe that careful observation has established a more correct pathology, and a more rational treatment of it. We believe it is now generally admitted that sun-stroke is a state of nervous exhaustion from extreme heat, and that the brain, instead of being gorged with blood, is, in many cases at least, if not all, in a state of anæmia, and that the patient is in a condition somewhat resembling extreme syncope. Hence the indications for treatment are the employment of stimulants, rather than of depletives.

We notice, in the last number of the *Detroit Medical Independent*, an interesting paper on this subject, by Dr. Sanford B. Hunt, which we would gladly transfer to our pages, did our space allow. It is among the selected articles, but we are not informed from what source it was taken. Dr. Hunt considers that direct exposure to the sun is by no means necessary to the production of the disease, for although undoubtedly the larger number of cases occur in the open air, still many take place within doors, or in cloudy weather. During the month of August, 1854, of 235 deaths from sun-stroke, 49 were those of females, whence Dr. Hunt concludes that some of the cases at least must have occurred under shelter. Quoting from a valuable paper by Dr. H. D. Swift, on Exhaustion from the Effects of Heat, Dr. Hunt says that eleven persons were attacked one morning in the laundry of a large hotel, and several others in a sugar refinery, and the cases corresponded, both in symptoms and lesions, with those which occurred during exposure to the sun.

The supposed condition of cerebral congestion has arisen, we are inclined to think, from the symptoms rather than from *post-mortem* demonstration. When a person falls down in a state of insensibility, often accompanied with convulsions, it is natural to think at once of apoplexy or a state approaching it, and venesection suggests itself as an appropriate remedy; but on further examining the patient, we find the skin pale and cool, the pulse rapid and feeble, and the general condition that of extreme prostration. So far as *post-mortem* examinations have been made in this disease, the above views are in the main confirmed. Dr. Swift, in the paper above alluded to, says that he has met with but very few cases of cerebral congestion, among a very large number of examinations.

Dr. Hunt considers that a high temperature, combined with a considerable degree of humidity, is the essential condition for the production of the disease. Nervous exhaustion is not produced by a high, yet dry heat. A temperature of 135 degrees may be borne for half an hour without great discomfort, but no person could live in a vapor-bath of that heat. "The effect of surplus moisture in prostrating the nervous system, impairing the vigor of the heart's action, and producing syncope, is as well known as the vapor bath, and needs no comment. The symptoms of *coup de soleil*, in its ordinary form, are precisely similar to prolonged syncope. The exhausting influence of a sultry day, or of a hot sun directly after a shower, are familiar instances of the effect of a high humidity upon the system."

PHOSPHATE OF LIME IN THE TREATMENT OF FRACTURES.

WE notice, in a late number of the *Gazette des Hopitaux*, some cases of fracture, in which the union of the bones appeared to be promoted by the administration of the phosphate of lime. In one of these cases, of fracture of the humerus, there was union in forty-five days, *without* the phosphate. The patient, a fortnight afterwards, fractured the arm in the same place, by a fall from a horse. The phosphate of lime was then prescribed, and the arm was placed in splints, as before; the bones united in *thirty-five* days. The man had the ill luck to break the callus a third time, and, under the use of the lime, the fracture was consolidated in *twenty-five* days. The remedy in question has long been employed by M. Piorry, in the treatment of rickets, mollities ossium and Pott's disease, but it appears to have been only recently suggested by M. A. Milne Edwards as a useful remedy in cases of fracture. We are surprised that no allusion is made to its employment in ununited fracture; whether it has been tried in these cases, which are often so difficult to cure, we do not know; it would seem that it could hardly fail to be of service.

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE tenth annual meeting of this Association, which is to take place at Albany, on Wednesday, August 20, will be an occasion of unusual interest, on account of the inauguration of the State Geological Hall, on the 27th, and that of the Dudley Observatory on the 28th following. Besides the numerous and distinguished American *savans* who will be present, it is expected that several eminent European astronomers will attend, who were invited to assist at the ceremonies of the inauguration of the Observatory. Among these we hear the names of Airy, Leverrier, Struvé and others. The several lines of packets have in the most liberal manner tendered state-rooms for the use of these gentlemen, a graceful tribute of gratitude for the services which astronomy and mathematics have rendered to navigation. The address at the inauguration of the Observatory will be delivered by the Hon. Edward Everett, than whom no happier choice could have been made, and we rejoice that our transatlantic brethren will be introduced to the American Association under such favorable auspices.

It is expected that the session will last about a week; the sittings will be held in the State Capitol. The exercises at the inaugurations will take place under a large tent, capable of accommodating several thousand persons.

The Treatment of Cancer by the Method of Landolfi.—In our 52d volume (page 483), we gave the details of Dr. Landolfi's method of treating cancer by the external application of a caustic preparation, which, the in-

ventor maintained, would not only destroy the malignant growth, but leave a surface covered with healthy granulations, and secreting pus of a good quality. It was maintained that in most cases the cure takes place rapidly, leaving a cicatrix resembling that made by a clean incision. This method has been tested experimentally at the Salpetriere by a commission, at the head of which was M. Broca. We copy the following conclusion from the report of the commission, which we find in the *Gazette des Hopitaux* for May 13th. It will be seen that the report is wholly unfavorable to the treatment of Landolfi.

The "method" was tried by the inventor himself, in nine cancers of the breast, and three canceroid growths. Of the nine cancers, *two* of the cases proved fatal, *four* were notably aggravated, in *three* there was cicatrization, followed immediately by relapse. Of the cases of canceroid disease, *one* was cured, *one* cicatrized, but the disease returned, and in *one* the disease was so much aggravated that amputation of the limb was necessary. In conclusion, the method of Landolfi is only applicable to a limited number of cases of cancer; it is more painful and more uncertain than many other methods of cauterization, and is especially inferior to the plan of Dr. Canquoin, of which it is but an imperfect and modified imitation. Like other modes of treatment, it may succeed in destroying certain tumors, and in producing cicatrization, but it is wholly incapable of preventing a relapse of the disease, which, in fact, it rather hastens; and, far from constituting an advancement in the treatment of these affections, it is but one more illusion added to the number which the history of cancer affords.

Vermont Medical College.—The following gentlemen took the degree of Doctor of Medicine at the late commencement of the Vermont Medical College at Woodstock:—Thomas Little, Clarenceville, C. E.; Clark Currier Morris, Lancaster, N. H.; Samuel Newell Pierce, Woodstock, Vt.; Horace Gustavus Pike, Hillsboro', N. H.; Henry Clay Richmond, Rochester, Vt.; Benjamin Franklin Skinner, Enfield, N. H.; James Lindsey Sutherland, Framingham, Mass.; William Wesley Wilkins, Manchester, N. H.

Health of Boston.—The low degree of mortality in the city still continues. Notwithstanding a week of almost unexampled hot weather, the number of deaths has been but 66, against 74 of the preceding week. But of this number 10 were from various accidents, leaving only 56 from the effect of disease, including 2 from "sun-stroke," and 2 from "drinking cold water." The deaths from scarlet fever were 6, from cholera infantum, 9. The most remarkable feature in the mortality of the week is the unusually small number of deaths from consumption, being only 3, a state of things which, we believe, has not occurred for years. The diminished mortality may be in part accounted for by the absence of many citizens from town; still, it must be admitted that Boston was never more healthy than at present.

Deaths in Boston for the week ending Saturday noon, July 26th, 66. Males, 41—females, 25. Accident, 6—asthma, 1—inflammation of the brain, 1—congestion of the brain, 3—cancer in the womb, 1—consumption, 3—convulsions, 3—cholera infantum, 9—dropsy, 1—dropsy in the head, 2—drowned, 4—debility, 1—infantile diseases, 6—puerperal, 1—drinking cold water, 2—exhaustion, 1—typhoid fever, 1—scarlet fever, 6—rheumatic fever, 1—homicide, 1—disease of the heart, 3—inflammation of the lungs, 2—marasmus, 1—old age, 1—disease of the spine, 1—sun stroke, 2—unknown, 3.

Under 5 years, 34—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 5—above 60 years, 5. Born in the United States, 45—Ireland, 18—Scotland, 1—England, 1—British Provinces, 1.

Effects of Quinine on the Uterus.—Dr. Cochran considers that quinine and its salts exert a special influence on the uterus, and that women who are taking them at the time of menstruation flow much more abundantly in consequence. Sometimes it hastens the appearance of the menses, if given shortly before the time of their appearance; and it brings them on, when they have been suddenly suppressed by cold or other causes. He is convinced, that, combined with iron, it is an excellent remedy in many uterine affections, especially in amenorrhœa and suppression of the catamenia, when a tonic treatment is indicated, and also for dysmenorrhœa, menorrhagia, leucorrhœa, &c., when these symptoms are united with a condition of weakness or of impoverishment of the blood. A peculiar effect, which perhaps throws some light on the influence of quinine on the uterus, is, that in large and repeated doses it diminishes the fibrine of the blood, rendering it more fluid and less coagulable.—*Charleston Medical Journal*.

Removal of Milk in the Breast.—Mr. Gibbon states in the *Lancet*, that the application of belladonna to the mamma is an excellent means of checking the secretion of milk. With a lotion consisting of half a drachm of the extract of belladonna to half a pint of water, he has succeeded in arresting the secretion in three protracted cases, where a variety of expedients had failed.

A Work on Fractures.—We notice in the proceedings of the American Medical Association, that Prof. Frank H. Hamilton, of Buffalo, obtained permission to publish his report in a separate form when completed. This report, thus far, is, in certain respects, one of novel interest, and of very great value to the profession. Viewed simply as a work on the diagnosis and treatment of fractures, it possesses high merit, while in the very important matter of prognosis it is far superior to any other treatise. Telling the truth in a bold, yet candid way, it will commend itself to the good sense of practical surgeons, however illy it may suit the pretensions of theorists. We are rejoiced to see such a work emanating from so competent and honest authority.—*Buffalo Medical Journal*.

Arrow Root.—It is stated that the arrow-root crop of the Bermudas is an almost complete failure, in consequence of the severity of last winter. We hope that this fact will induce greater attention to the culture of this popular and most useful fecula in Georgia and Florida, where it has been raised in small quantities for some time past. It is most desirable that we should be dependent on foreign sources for as few as possible of the articles of the materia medica, and the domestication of the large number of foreign articles which can be profitably cultivated on our own soil, is a subject deserving the consideration, not only of pharmacutists, but of agriculturists and political economists also.—*Virginia Medical Journal*.

New Instrument for the Analysis of Milk.—Leconte's galactometer, which determines with tolerable rapidity and exactness the quantity of butter present in milk, consists of a glass tube, two cubic centimetres wide, the lower end of which is closed. The tube is divided into five parts, each containing five cubic centimetres. To the upper end of this tube a second and less broad glass tube is attached, divided into 1-20 cubic centimetres, having a short and broader tube for use as a funnel fixed to its upper end. Five cubic centimetres of the milk to be tested are poured into the galactometer, and then twenty cubic centimetres of acetic acid. When the funnel end of the tube is closed, and the instrument well shaken, to coagulate the casein, which afterwards dissolves in the excess of acetic acid, the butter rises to the surface of the fluid in the narrow tube in the form of cream, and by warming the fluid a little, to facilitate the separation of the fat, the quantity of butter may be easily read off at the graduation of the narrow tube.—*London Lancet*.

New York Quarantine.—The Board of Health, together with members of the Emigration Commission, lately met at the house of Dr. Harris, at Quarantine, and arranged with Dr. Harcourt to officiate until cold weather as special assistant physician. From his known fitness, and from the evident amicable feeling which prevailed, the appointment is likely to be satisfactory.

